

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Request for Reinstatement of Class C Taxi
Certificate

Charles Ross DBA Paradise Express

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET 2011-106-T
NUMBER: 2010 - 324 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print) Submitted by: Charles D Ross Telephone: 773-829-7130
Address: 4840 up John St C206 Fax: 843-529-3087
North Charleston SC Other: 843-597-1425
29406 Email:

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Application - Class A/A Restricted
<input checked="" type="checkbox"/> Application - Class C Taxi
<input type="checkbox"/> Application - Class C Charter
<input type="checkbox"/> Application - Class C Charter Bus
<input type="checkbox"/> Application - Class C Non-Emergency
<input type="checkbox"/> Application - Class C Stretcher Van
<input type="checkbox"/> Application - Class E Household Goods
<input type="checkbox"/> Application - Class E Hazardous Waste
<input type="checkbox"/> Application
<input type="checkbox"/> Request for Extension to Comply with Order
<input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded
<input type="checkbox"/> Request for Cancellation of Certificate
<input type="checkbox"/> Request for Suspension
<input checked="" type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Request for Name Change on Certificate
<input type="checkbox"/> Request to Amend Scope of Authority
<input type="checkbox"/> Request to Amend Tariff (rate increase, etc.)
<input type="checkbox"/> Request to Amend Passenger Limit
<input type="checkbox"/> Request
<input type="checkbox"/> Exhibit
<input type="checkbox"/> Late-Filed Exhibit
<input type="checkbox"/> Letter
<input type="checkbox"/> Proposed Order
<input type="checkbox"/> Publisher's Affidavit
<input type="checkbox"/> Reservation Letter
<input type="checkbox"/> Response
<input type="checkbox"/> Return to Petition
<input type="checkbox"/> Other: _____ |
|---|---|

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form

CLASS C REINSTATEMENT FORM

File the original with:

Public Service Commission of South Carolina
Clerk's Office
Motor Carrier Matters
P.O. Box 11649
Columbia, S.C. 29211
(803) 896-5100
FAX (803) 896-5199

Mail or fax a copy to:

S.C. Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 900
Columbia, S.C. 29201
(803) 737-0578
FAX (803) 737-0815

DATE:

6-22-11

Please consider this an application for Reinstatement of my:

- ☒ Taxi Certificate Number 8343
☐ Charter Certificate Number _____
☐ Charter Bus Certificate Number _____
☐ Non-Emergency Certificate Number _____

My certificate was revoked/cancelled on 1-18-11 because of failure to
(DATE)
pay decal fees for the first half 2011 Enforcement Period

☒ I am seeking reinstatement because Because I made a mistake
and I'm sorry but if give a chance I can be a good
transportation company. Thank you

Charles Ross
(Name of Company)

DBA Paradise Express
(if applicable)

☒ 4840 W John St C204
(Street Address)

☒ P.O. Box 60751 N. Charleston
(Mailing Address if different from Street Address) 29411

☒ North Charleston SC
(City, State, Zip Code) 29406

☒ Charles Ross
(Signature)

☒ 713 829-7130
(Telephone Number)

☒ Charles Ross
(Title) Owner, President, etc.